

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

Marking Instructions: Please type or use blue or black ink pen.
 Completely fill in one circle.
 Print legible numbers and block letters, no script.

I Reporting Information

Year: 2013

Fill in circle if amendment ☒

FOR OFFICE USE ONLY

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II Client Information

Name: TWC Administration LLC

Permanent Business Address: 20 Century Hill Drive

City: Latham

State: NY

ZIP code: 13202

Phone: 518-640-8569

III Business Relationship with an Entity

Instructions: Fill out this section only if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.

Entity Name: Hiscock & Barclay LLP

Entity Address: 300 State Street

City: Syracuse

State: NY

ZIP code: 13202

Phone: 315-425-2873

State Person with the Requisite Involvement in the Entity:

Last name: Barclay

First name: William

State Person's Agency or Legislative Body of Employment: NYS Assembly

Public Office Address: Legislative Office Building, Room 521

City: Albany

State: NY

ZIP code: 12245

Phone: 518-455-5841

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: ☒

Description of Business Relationship(s): TWC Administration LLC hires Hiscock & Barclay to perform legal work on their behalf

Compensation (Actual or Anticipated): \$ 255,000 .00

Expenses (Actual or Anticipated): \$ 0 .00

Total Compensation and Expenses (Actual or Anticipated): \$ 255,000 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: January Year: 2013

End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities: ☐

IV Business Relationship with a State Person

Instructions: Fill out this section only if the Relationship is with a State Person. If the Relationship is with an Entity, skip this section and fill out Section III.

State Person Last Name:

State Person First Name:

Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

Description of Business Relationship(s):

Compensation (Actual or Anticipated):

\$

.00

Expenses (Actual or Anticipated):

\$

.00

Total Compensation and Expenses (Actual or Anticipated):

\$

.00

Beginning date of Business Relationship (Actual or Anticipated):

Month:

Year:

End date of Business Relationship (Actual or Anticipated) if applicable:

Month:

Year:

Check here if using addendum sheet for additional State Person(s): ☐

V Declaration

This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X

SIGNATURE:

DATE:

2/14/14

PRINT NAME: LAST Whalen

FIRST Rory

Mark One:

☒ Chief Administrative Officer

☐ Designee (Attach Letter)

Designated Addendum Sheet for Sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

III Business Relationship with an Entity

Instructions: Fill out this section only if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.
III(a) Fill out this section ONLY for additional Relationship(s) with different Entity/Entities.

Entity Name: Hiscock & Barclay LLP

Entity Address: 300 State Street

City: Syracuse

State: NY

ZIP code: 13202

Phone: 315-425-2873

State Person with the Requisite Involvement in the Entity:

Last name: O'Mara

First name: Thomas

State Person's Agency or Legislative Body of Employment: NYS Senate

Public Office Address: Legislative Office Building, Room 812

City: Albany

State: NY

ZIP code: 12245

Phone: 518-455-2091

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: ☒
Description of Business Relationship(s): TWC Administration LLC hires Hiscock & Barclay to perform legal work on their behalf

Compensation (Actual or Anticipated): \$.00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$.00

Beginning date of Business Relationship (Actual or Anticipated): Month: Year:

End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

III(b) Fill out this section ONLY for additional State Person with the Requisite Involvement in an Entity previously listed.

Entity Name:

Entity Address:

City:

State:

ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name:

First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

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Designated Addendum Sheet for Sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

III Business Relationship with an Entity

Instructions: Fill out this section only if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.
III(a) Fill out this section ONLY for additional Relationship(s) with different Entity/Entities.

Entity Name: Hiscock & Barclay LLP

Entity Address: 300 State Street

City: Syracuse

State: NY

ZIP code: 13202

Phone: 315-425-2873

State Person with the Requisite Involvement in the Entity:

Last name: Breslin

First name: Neil

State Person's Agency or Legislative Body of Employment: NYS Senate

Public Office Address: NYS Capitol, Room 414

City: Albany

State: NY

ZIP code: 12245

Phone: 518-455-2225

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: ☐

Description of Business Relationship(s): TWC Administration LLC hires Hiscock & Barclay to perform legal work on their behalf

Compensation (Actual or Anticipated): \$.00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$.00

Beginning date of Business Relationship (Actual or Anticipated): Month: Year:

End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

III(b) Fill out this section ONLY for additional State Person with the Requisite Involvement in an Entity previously listed.

Entity Name:

Entity Address:

City:

State:

ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name:

First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

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